BMA Scotland report to ARM2021

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This is my third ARM speech as chair of BMA Scotland. If a further year of Covid has taught me anything it’s that pandemic predictions are generally unwise. Such uncertainty about the future would make it tempting to simply look backwards: but there will be plenty of chances to do that.

So, I do want to look forward today at what needs to be done in the year ahead to make a career in Scottish medicine genuinely attractive and without the risk of the job damaging the mental and physical wellbeing of doctors.

For many of us, this has been the toughest 18 months of our careers, and with this last 2 months feeling more like winter in terms of intensity of demand, winter proper looks like bringing many more tough times to come. How parlous things feel right now is a good proxy measure for where the profession is in terms of morale, welfare, staffing and resources.

If the pandemic has had any kind of silver lining, it’s been the huge and very public demonstration of the value of doctors – not just in treating each individual patient and their families, but the power and benefit of medical leadership when faced with adversity. It might feel right now like some – public and politicians alike – have forgotten that already so I make no apology for saying it again.

We now have huge evidence of how tired so many colleagues are from delivering Covid care and everything else that patients need, with the addition of all the pent-up demand for healthcare that is currently being released. Indeed, there is so much evidence that there’s simply no need to debate it. Because it is a statement of fact that the physical and mental health of many doctors has suffered during this pandemic. Fact it may be, but we cannot accept this as inevitable. No-one – in any profession, let alone a caring one – should suffer in this way or at this scale – simply through doing their job.

Why has this happened? It’s partly because NHS Scotland came into this pandemic with so many senior doctor vacancies. Last year our research showed up to 15% of consultant posts were unfilled, and by the Government’s own admission we are shy of at least 800 whole time GPs. There is no other way of describing this other than as a workforce crisis – and a crisis that is deepening.

We’ve got through this last 18 months on adrenaline and determination despite that, but those numbers send a stark warning: many general practices and hospital departments are running on fumes and are at risk of breaking. That this has been going on for years risks the word crisis seeming overused, but it makes it no less true. The pre-pandemic hope that safe staffing legislation might drive change for hospitals at least seems like a forgotten dream.

If I finished here, you might think I had given enough warning that the medical profession and NHS Scotland are in huge difficulty. But there several other aspects to this. Delivering high quality undergraduate and postgraduate medical education has been a huge challenge during the pandemic whilst trying to keep everyone safe, but the workload pressures on those who teach and train risk the recovery of that education, causing real anxiety for medical students and junior doctors alike about their training and future careers.

No part of this profession has escaped the effects of Covid.

Doctors will also recently have had some chance to reflect on their recent pay award that may well be overtaken by inflation, doing nothing to reverse years of pay erosion, in conjunction with an ongoing failure to deal with punitive pension tax arrangements.

While pay is just part of the picture – there is no doubt below inflation uplifts are leaving many doctors disheartened and feeling devalued. It is the kind of straw that breaks the camel’s back and mean staff simply give up waiting for better to come along. After this year’s announcement we surveyed members. Close to 64% said they were not satisfied that the Scottish Government valued their contribution to the NHS. Half of those were extremely dissatisfied. A quarter said the pay award was unacceptable. This will translate into action, too. More than 30% said the award had either confirmed or prompted a decision to reduce their clinical commitments. More than a quarter said it had prompted or confirmed their decision to consider moving away from Scotland altogether.

Add to that a promise of NHS Scotland being run at 110% capacity and the rising incidence of verbal abuse and worse against NHS staff, and you have a picture of a medical profession worn out from the pandemic and years of covering for absent colleagues, who don’t feel valued financially or professionally and are facing years of being pressured to work even harder.

It’s no wonder doctors at all stages of their career are considering their options to improve their training, working conditions and work-life balance – whether that’s looking elsewhere in the UK or abroad, reducing working hours or retiring earlier than planned, it’s a cocktail that creates a serious risk to the sustainable future of healthcare in Scotland, let alone recovery from the pandemic.

However, the focus on NHS staff welfare and the specialist services, increased funding and resources put in place during the pandemic has to be welcomed. But while these resources recognise the pressures people are under, they are a reaction to problems when we really need a focus on preventing them.

The Scottish Government has now published its NHS recovery plan. But it really is only a start at best and many key issues and solutions are missing from it. There is no real mention of the need to retain the doctors we currently have but instead promises of recruitment from overseas which we know from experience cannot tackle staffing issues on the current scale. It has always been the case that Scotland has welcomed doctors from across the globe but such an increased emphasis on actively asking doctors to come here in a peri or post pandemic world seems optimistic at best.

I know the presentation of the plan as somehow restoring face to face appointments at GP surgeries – which are already happening where safe and possible - has also left already demoralised GPs feeling further attacked and that their dedication and commitment is just not recognised. Rather than end the vicious circle hitting GPs of unmanageable workloads and unreasonable expectations fuelled by unrealistic messaging, the recovery plan instead only threatens to make things worse.

There are no quick and easy fixes to the myriad of problems we face, but our government has to start now and with genuine short, medium and long-term workforce plans which address each and every issue undermining recruitment, retention and recovery. And a plan that restores and values continued medical education and training for doctors instead of solely focusing on clinical work and catching up. Even that phrase conjures up visions of a race we can’t win.

Recovery also has to include paying doctors to match what Scottish Government say about valuing us. Years of pay erosion and current punitive and unfair pension tax issues must be righted.

We must aim for a genuinely sustainable work life balance for doctors and stop driving healthcare harder and harder in the pursuit of unrealistic political targets. We need honest messaging, which manages public expectations of the NHS and makes clear abuse of healthcare staff will not be tolerated. There must be work to reduce box-ticking and bureaucracy that so clearly detracts from doctors focussing on delivering and improving patient care.

And whilst we clearly need more doctors, those who train them must have the time to do that. An exhausted overworked medical profession covering for absent colleagues does not make for either good training or a good example of what people can look forward to.

We have hammered these issues home again and again in our public messaging and with the politicians and organisations associated with healthcare. No government could hope to sort everything out overnight, but the pandemic can no longer be a reason or excuse for not making a start. Indeed, we had a welcome and constructive meeting with Humza Yousaf this week where we able to highlight key issues and gain a welcome commitment to work on them together for the benefit of the workforce, the NHS and the patients it serves.

The way to start is to listen to and believe us, and publicly acknowledge we have too few doctors, that demand for healthcare must be properly managed, and promises of doing even more are not realistic. A medical profession that wants to help lead us out of this pandemic does not mean elitism or “doctor knows best” but that we have the skills to be key contributors to that recovery. And they must stop holding medical pay to ransom with a threat of imposing a public sector pay policy which would tell those that lead they are worth even less.

The alarm bells are ringing, the chips are down: I could go on. But to conclude, I do believe that ultimately fixing all the problems our NHS workforce is facing means everyone wins. A better doctored NHS that doesn’t result in those doctors burning out, becoming unwell or leaving can only be better for patients as well. And for government - if they really do have a vision for a future of Scottish healthcare that is genuinely world class – they will win that if they listen and act and work with us. They cannot do it without us.